



# Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

## Phase I and II Consultant Evaluations

Evaluation Date: \_\_\_\_\_ Annual or Milestone Evaluation: \_\_\_\_\_

Type Evaluation: \_\_\_\_\_ Office: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Prime Consultant: \_\_\_\_\_

PTB: \_\_\_\_\_ Item: \_\_\_\_\_

Route: \_\_\_\_\_ County: \_\_\_\_\_

Phase: \_\_\_\_\_ District: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Description: \_\_\_\_\_

List Prime's Key Personnel:

Prime's Overall Evaluation: \_\_\_\_\_

Prequalification Categories:

**NOTE: Categories are determined from the PTB/Item advertisement and 17-XX Document.**

### Fatal Flaws:

Did the submittals contain any of the following errors?

Significant structural deficiencies.

Failure to identify significant environmental impacts.

Substandard geometrics for the specified design criteria.

Inaccurate survey information.

Did the consultant:

Display inappropriate behavior in dealing with the public or other agencies?

Provide false information in the report documentation?

Cause the letting date or design approval to be delayed due to late submittals?

Rated By: \_\_\_\_\_ District/Bureau: \_\_\_\_\_ Rated Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Position: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

Concur: \_\_\_\_\_ Regional Engr: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature blocks required to be completed by Regional Engineer when less than satisfactory ratings occur and for all final evaluations**

Prime Consultant: \_\_\_\_\_

PTB: \_\_\_\_ Item: \_\_\_\_

Timeliness: \_\_\_\_\_

Comments on Strengths/Weaknesses in Timeliness:

Completeness: \_\_\_\_\_

Comments on Strengths/Weaknesses in Completeness:

Quality & Accuracy: \_\_\_\_\_

Comments on Strengths/Weaknesses in Quality & Accuracy:

Cooperation & Project Management: \_\_\_\_\_

Comments on Strengths/Weaknesses in Cooperation and Management:

Public/Agency Coordination: \_\_\_\_\_

Comments on Strengths/Weaknesses in Public/Agency Coordination:

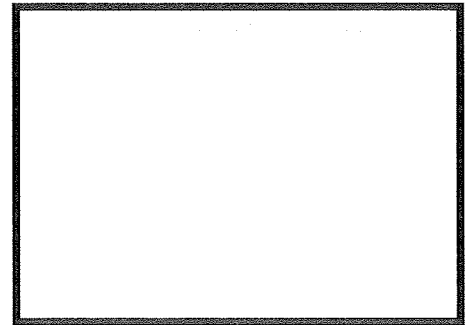
Innovation: \_\_\_\_\_

Comments on Strengths/Weaknesses in Innovation:

Project Administration Budget/Supplemental/Invoicing: \_\_\_\_\_

Comments or Strengths/Weaknesses in Project Administration Budget/Supplemental/Invoicing:

Comments on Consultant's Overall Performance





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Office: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Sub Consultant: \_\_\_\_\_

PTB: \_\_\_\_\_

Item: \_\_\_\_\_

Route: \_\_\_\_\_

County: \_\_\_\_\_

Phase: \_\_\_\_\_ District: \_\_\_\_\_

Description: \_\_\_\_\_

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District/Bureau: \_\_\_\_\_

Rated Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Position: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_

Concur: \_\_\_\_\_

Regional Engr: \_\_\_\_\_

Date: \_\_\_\_\_

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Sub Consultant:

PTB: \_\_\_\_ Item: \_\_\_\_

**Timeliness:**

**Comments on Strengths/Weaknesses in Timeliness:**

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**Comments on Strengths/Weaknesses in Public/Agency Coordination:**

**Innovation:**

**Comments on Strengths/Weaknesses in Innovation:**

**Project Administration Budget/Supplemental/Invoicing:**

**Comments or Strengths/Weaknesses in Project Administration Budget/Supplemental/Invoicing:**

**Comments on Consultant's Overall Performance:**